

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90043 047 ***150.00

DOCUMENT # P98000090733

1. Entity Name

ORTHOPEDIC SUPPLIES INC.

Principal Place of Business

Mailing Address

1200 CLINTMOORE ROAD, SUITE #2
 BOCA RATON FL 33487

1200 CLINTMOORE ROAD, SUITE #2
 BOCA RATON FL 33487-2731

L0004104



DO NOT WRITE IN THIS SPACE
 65-08712-70

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERMAN, WILLIAM
 1200 CLINTMOORE ROAD, SUITE #2
 BOCA RATON FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DIXON, MANDY	
STREET ADDRESS	1200 CLINTMOORE RD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PERMAN, WILLIAM	
STREET ADDRESS	1200 CLINTMOORE RD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Perman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-2000 561 994 9112